					_		
AMENI Applicant(s): Be	Small E	ntity)]	ocket No. 759.241		
Application No.	Filing Date	Examiner	Examiner Customer No. Croup A				T
10/599,962	09/30/2008		· - <u>-</u>	Customer No	٥.	,	
	MP FOR POSITIONIN	Phong Son H. Da	_	23405 SYNTHESIS C	<u></u>	3773	7408
	HI FORE COLLECTION	.G A SUFERELACTIC	OSTEG	SYNTHESIS C	JL.	₋ IP	
		COMMISSIONER FO	OR PATI	ENTS:			
Transmitted herev	with is an amendment i	in the above-identified	application	on.			
	claims small entity statu						
	calculated and is trans						
CLAIMS AS AMENDED							
	CLAIMS REMAINING	HIGHEST #		ER EXTRA			ADDITIONAL
	AFTER AMENDMENT	PREV. PAID FOR		S PRESENT		RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 =		0 x		\$26.00	FEE \$0.00
INDEP. CLAIMS	1 -	3 =		0 x		\$110.00	\$0.00
Multiple Dependen	nt Claims (check if appli	licable)			_		\$0.00
		TOTAL ADDITIONAL I	FEE FOI	R THIS AMEN	1D'	MENT	\$0.00
	nal fee is required for a						
	arge Deposit Account N		in the am				
	i the amount of tor is hereby authorized	to cover the filing	g fee is e	nclosed.		515 .	
=	tor is hereby authorized ation or credit any over	to charge payment or reasonant for the charge payment to Deposit Actions and the charge payment to the charge payment of the charge	the follow	wing fees asso	OCI	iated with this	
☐ Any ac	idditional filing fees requ	uired under 37 C.F.R.	1.16.	J.			
Any pa	atent application proces	essing fees under 37 CF					
Payment by	y credit card. Form PTC	O-2038 is attached.					
WAKNING. included o	: Information on this f on this form. Provide c	iorm may become put credit card informatic	blic. Cre	dit card infor	rm	nation should n	ot be
all Ro	<i>60.</i> a a	Tour our a month					
070	Signatur		Dated:	September 1,	1, 2	2011	
Jeff Rothenberg, Rothenberg			I certify	that this corre	esp	ondence is being	deposited with the
5 Columbia Circle	Farley & Mesiti P.C.		United S	States Postal Sen	ervice	ce with sufficient po	ostage as first class ner for Patents, P.O.
Albany, NY 12203			Box 1450	0, Alexandria, VA	1 22	2313-1450" [37 CFR	er for Faterits, ∓ . ⊙. ₹ 1.8(a)] on
Tel: 518-452-5600 Fax: 518-452-5579				(Date)		- *	
E-mail: jr@hrfmla		ı		·			
		!		Signature of P	 Per:	rson Mailing Correspo	ondence
cc:		!					
	Typed or Printed Name of Person Mailing Correspondence						